

7th. Judicial Circuit 707 Charging Affidavit - Flagler

Arrest # _____

Bk # _____

Pg #1 of 2

ARREST <input type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input checked="" type="checkbox"/> C.C. <input type="checkbox"/>				ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>				Court Case Number: 2019 MM 000397			
(ORI) FL: 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 19-24485							
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				OBTS# 180		UCR: _____		Date Arrested: _____		Time of Arrest: _____	
ADDRESS OF ARREST:						Arrested By: D Lashbrook		ID Number: 614			
DEFENDANT		Name (L,F,M): McDonough, Darrell, Eugene				A.K.A.: Darrell		Sex: M		Race: W	
DOB: 8/13/73		Age: 45		Driver's Lic/ID No.: M235-165-73-293-0		State: FL		Year Expires: 2027		S.S. #: _____	
Height: 5'9"		Weight: 185		Hair: Brn		Eyes: Bro		POB (City, St, Country): Florida, USA		Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Scars, Marks, Tattoos: Unk				Business & Occupation: Self-Employed				Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Probation: Yes <input type="checkbox"/> No <input type="checkbox"/>		Sexual Predator: Yes <input type="checkbox"/> No <input type="checkbox"/>		English: Yes <input type="checkbox"/> No <input type="checkbox"/>		Deaf/Mute: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Address-Mailing/Permanent		(STREET, APT. NUMBER)		(CITY)		(STATE)		ZIPCODE		RESIDENCE PHONE	
		61 Park Pl		Bunnell		FL		32110		(386)425-0700	
Address-Local		(STREET, APT. NUMBER)		(CITY)		(STATE)		ZIPCODE		RESIDENCE PHONE	
Address-Other(Employer/School)		(STREET, APT. NUMBER)		(CITY)		(STATE)		ZIPCODE		BUS/SCHOOL PHONE	
CHARGES		DOMESTIC VIOLENCE? YES <input type="checkbox"/>		Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>						Total Charges: 2	
#1	Charge: Battery	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: 784.03(1)		Citation No.:		Bond:			
#2	Charge: Trespassing after warning	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: 810.09(1)(A)		Citation No.:		Bond:			
#3	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD:		Citation No.:		Bond:			
CO-DEFENDANT		Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>				Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>					
#1 NAME(L,F,M):						Race:		Sex:		DOB:	
#2 NAME(L,F,M):						Race:		Sex:		DOB:	
NARRATIVE		<p>The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the <u>13th</u> day of <u>April</u>, 2019, at approximately <u>0818</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p>at <u>3435 CR 2006 W., Bunnell, FL.</u> within <u>Flagler</u> County, violated the law and did then and there:</p> <p>Committed the act of battery and trespassing on the above stated address during an argument with his mother and mother's paramour; the victim.</p> <p>The defendant came to the residence and asked his mother to borrow a vehicle for the day, however, when he was told that he could only borrow for a little while as they needed it later today, the defendant became upset and verbally assaulted his mother; screaming at her and breaking a railing on the porch. The paramour opened the front door and told the defendant to leave the property, telling the defendant, after a verbal back and forth, "Darrell, just leave, get out of here." Darrell then ran up the steps of the porch, past his mother, and when he reached the victim, who was standing just inside his own front door, grabbed him at the neck and pushed him to the ground. The defendant then exited the residence and again began verbally assaulting his mother.</p> <p>The victim then came out of the residence and again told the defendant to leave the property, which he refused to do. The defendant admitted that he refused to leave, stating the reason as, "Because I had more to say, I wasn't finished talking, he cut me off mid-sentence."</p> <p>The defendant and the victim began to fight over a gun at this time, where the defendant was shot in the right forearm.</p>									
NOTICE TO APPEAR		MANDATORY APPEARANCE <input type="checkbox"/>		YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>				FINE, AND COSTS AMOUNT: _____			
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.											
SIGNATURE OF DEFENDANT		DATE		RELATIONSHIP TO JUVENILE				Juve Disp. CITATION No.			
Sworn to and subscribed before me, the undersigned This <u>17th</u> day of <u>April</u> , 2019.				I swear/affirm the above statements are correct and true.				Rt Thumb			
Name: <u>Darrell E. McDonough</u>		<u>Detective D. Lashbrook</u>				<u>614</u>					
Notary Public <input type="checkbox"/> Law Enforcement of Corrections Officer <input checked="" type="checkbox"/>		NAME(PRINTED)				ID NUMBER					
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>		Detective D. Lashbrook				614					
Type of Identification:		Inmate Number & facility: FCIF									
OFFICIAL USE ONLY											

707 - COURT COPY

Witness/Victim/Evidence Form 707-A

☐ Arrest
☒ Affidavit
☐ Notice to Appear
 ☒ Adult
☐ Juvenile

Court Case
Number:

Pg # 1 of 1

Defendant Name: McDonough, Darrell, Eugene		Agency Case Number: 19-24485	
Name (L,F,M): Johnston III, Daniel, Claude	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: W	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State): 3435 CR 2006 W., Bunnell, FL	Zip: 32110	Age: 46	DOB: 9/12/72
Bus./School Address:	Home Phone: (386)931-5630	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):	Zip:	Age:	DOB:
Bus./School Address:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):	Zip:	Age:	DOB:
Bus./School Address:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):	Zip:	Age:	DOB:
Bus./School Address:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):	Zip:	Age:	DOB:
Bus./School Address:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):	Zip:	Age:	DOB:
Bus./School Address:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):	Zip:	Age:	DOB:
Bus./School Address:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner(Name)	(Address)	(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner(Name)	(Address)	(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

Detective D. Lashbrook
Investigating Officer

614

ID Number

Flagler County Sheriff's Office
Agency

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